

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5488

CERTIFICATE OF DEATH

05481

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Calvert</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Calvert</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Calvert Co. Hospital</u>				d. STREET ADDRESS <u>Owings, Md.</u>			
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Middle Last <u>NELLIE</u> <u>Rebecca</u> <u>Armiger</u>				4. DATE OF DEATH Month Day Year <u>May</u> <u>26</u> <u>1958</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 29, 1897</u>	
9. AGE (In years, last birthday) <u>60</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Dunkirk, Md.</u>	
12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME <u>Joseph C. Brady</u>				14. MOTHER'S MAIDEN NAME <u>Annie V. Sears</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT <u>Effie W. Armiger, Owings, Md.</u>				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemiplegia</u> <u>260X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Hypertension</u> DUE TO (c) <u>Diabetes</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Cardiac enlargement</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from <u>5/26</u> , 19 <u>58</u> , to <u>5/26</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5/26</u> , 19 <u>58</u> , and that death occurred at <u>2:30 P.</u> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>H. W. Ward</u> M.D.				ADDRESS (Street, city or town, state) <u>Owings</u>			
DATE SIGNED <u>5/28/58</u>							
PHYSICIAN'S NAME (Type)							
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY		22d. LOCATION (City, town or county) (State)	
<u>Burial</u>		<u>5/29/58</u>		<u>Smithville Cemetery</u>		<u>Dunkirk Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Hutchins</u>				ADDRESS <u>Owings Md.</u>		24a. REC'D BY REGISTRAR <u>UN 2 '58</u>	
24b. REGISTRAR'S SIGNATURE <u>W. H. Smith</u>							

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 9, Film G229, 5/26/58 fcy

CERTIFICATE OF DEATH

5489

05482

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Cabaret</i>		MARYLAND		STATE <i>md.</i>		COUNTY <i>Charles</i>	
CITY (If outside corporate limits, write RURAL and give nearest town) <i>Prince Frederick</i>		LENGTH OF STAY (In this place) <i>1 month</i>		CITY (If outside corporate limits, write RURAL and give nearest town) <i>Hughesville</i>		TOWN <i>088-2</i> ✓	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Cabaret Nursing Home,</i>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) <i>Ruth H. Austin</i>				4. DATE OF DEATH (Month) <i>May</i> (Day) <i>18</i> (Year) <i>19 58</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>Oct 8 1884</i>	9. AGE last birthday <i>73</i> Yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>OWN Home</i>		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Budgett</i>				14. MOTHER'S MAIDEN NAME <i>Dent</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT & ADDRESS <i>Bernice Welch</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
4438 IMMEDIATE CAUSE (A) <i>Uremia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Hypertensive C.V. disease</i>				<i>10 years</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Cherity</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> of work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>April 13 58</i> to <i>May 18 58</i> , that I last saw the deceased alive on <i>May 15 58</i> , and that death occurred at <i>5:10 P.M.</i> from the causes and on the date stated above.							
SIGNATURE <i>Raye O. Jett</i>				ADDRESS (Street, city, town, state) <i>Prince Frederick</i>		DATE SIGNED <i>5/18/58</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>5/20/58</i>		NAME OF CEMETERY OR CREMATORY <i>Trinity</i>		LOCATION (City, town, or county) (State) <i>Newport, Md.</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <i>Rebecca</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>The Hunt Funeral Home</i>		ADDRESS <i>Waldorf, Md.</i>	
DATE <i>MAY 21 '58</i>							

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5490 CERTIFICATE OF DEATH

05483

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN	
TOWN <u>Queen Anne's</u>		<u>23</u>		<u>X</u>		<u>Quincy</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Alice</u> (Middle) <u>Chase</u> (Last)				(Month) <u>May</u> (Day) <u>22</u> (Year) <u>1958</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>Black</u>	<u>Widowed</u>	<u>Sept. 25 1875</u>	<u>82</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housewife</u>				<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>James Mackall</u>				<u>Priscilla</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>No</u>				<u>Joanna Holland Daughter</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
171X IMMEDIATE CAUSE (A) <u>Ca of Cervix</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
				YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 29, 1958</u> , to <u>May 22, 1958</u> , that I last saw the deceased alive on <u>May 22, 1958</u> , and that death occurred at <u>9:15 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>				DATE SIGNED			
M.D. <u>Huntington</u>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>1</u>		<u>4-26-58</u>		<u>Potomac</u>		<u>Huntingtown Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>MAY 29 1958</u>		<u>[Signature]</u>		<u>P.S. Sewell Jr., Fred, Md</u>			

CERTIFICATE OF DEATH

Reg. Dist. No.

A. Usual Residence (House or Office)

Place of Death

Married

Single

Sex

Color

Age

Birth

Place

Occupation

Time of Death

Day

Month

Year

Cause of Death

Immediate

Underlying

Contributing

Place of Burial

Interment

Funeral

Cost

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Family

Signature of Minister

Signature of Undertaker

Signature of Burial

Signature of Interment

Signature of Funeral

Signature of Cost

Signature of Cause

Signature of Death

Signature of Place

Signature of Time

Signature of Day

Signature of Month

Signature of Year

Signature of Occupation

Signature of Place

Signature of Time

Signature of Day

Signature of Month

Signature of Year

Signature of Cause

Signature of Death

Signature of Place

Signature of Time

Signature of Day

Signature of Month

Signature of Year

Signature of Cause

Signature of Death

Signature of Place

Signature of Time

Signature of Day

Signature of Month

Signature of Year

Signature of Occupation

Signature of Place

Signature of Time

Signature of Day

Signature of Month

Signature of Year

Signature of Cause

Signature of Death

Signature of Place

Signature of Time

Signature of Day

Signature of Month

Signature of Year

Signature of Cause

Signature of Death

DEPARTMENT OF HEALTH

STATE OF MARYLAND

DEPARTMENT OF HEALTH

STATE OF MARYLAND

1

INSTRUCTIONS

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5491 CERTIFICATE OF DEATH

05484

Item 9, Film G229, 5/16/58 fcy

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Prince Frederick</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Huntingtown</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) <u>Jacob Coby</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10/27/91</u>	9. AGE last birthday <u>67</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Benjamin Coby</u>				14. MOTHER'S MAIDEN NAME <u>Maria Coby</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Henrietta Coby, Huntingtown, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
026X IMMEDIATE CAUSE (A) <u>Atherosclerosis Cardio Vascular Panel</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>7 Luetia (Meningeal Vascular Issues)</u>				<u>25 years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 20, 1958</u> , to <u>May 6, 1958</u> , that I last saw the deceased alive on <u>May 5, 1958</u> , and that death occurred at <u>8:20</u> M, from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>		M.D. <u>Prince Frederick</u>		ADDRESS (Street, city, town, state) <u>Calvert Co. Md</u>		DATE SIGNED <u>5/6/58</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>5-9-58</u>		DATE THEREOF <u>5-9-58</u>		NAME OF CEMETERY OR CREMATORY <u>Blue Point</u>		LOCATION (City, town, or county) (State) <u>Calvert Co. Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. I. Sewell Prince Fred, Md.</u>			
DATE <u>MAY 12 58</u>							

CERTIFICATE OF DEATH

DATE OF DEATH

1911

DECEASED

NAME OF DECEASED

AGE

PLACE OF BIRTH

DATE OF BIRTH

SEX

DATE OF DEATH

1911

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RECEIVED



RECEIVED
BALTIMORE, MARYLAND
JANUARY 1, 1911
HEALTH DEPARTMENT

5492

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <i>Calvert</i> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <i>Maryland</i> b. COUNTY <i>Calvert</i>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Huntingtown</i>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Huntingtown</i>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <i>Huntingtown Rest Home</i>				d. STREET ADDRESS <i>Huntingtown</i>			
3. NAME OF DECEASED (Type or print) First Middle Last <i>Taney Weems Gibson</i>				4. DATE OF DEATH Month Day Year <i>May 29 1958</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 7 1882</i>		9. AGE (In years last birthday) <i>76</i> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>Calvert County, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Gibson</i>				14. MOTHER'S MAIDEN NAME <i>Cornelia Weems</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT Address <i>Mrs. George D. Clark, 713 Mynduck Rd., Baltimore</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>arteriosclerosis.</i> DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <i>19</i>			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <i>2 Feb. 1957</i> to <i>29 May 1958</i> , that I last saw the deceased alive on <i>29 May 1958</i> , and that death occurred at <i>3:45</i> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <i>L. J. Weems</i>				ADDRESS (Street, city or town, state) <i>Huntingtown Md.</i> DATE SIGNED <i>31 May 58</i>			
PHYSICIAN'S NAME (Type) <i>G. J. WEEMS</i>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>May 31, 1958</i>		22c. NAME OF CEMETERY OR CREMATORY <i>Old Saint</i>		22d. LOCATION (City, town, or county) (State) <i>Sunderland Md.</i>	
23. FUNERAL DIRECTOR'S SIGNATURE <i>A. G. Shirkness & Son</i> ADDRESS <i>Mt. Airy, Md.</i>				24a. REC'D BY REGISTRAR		24b. REGISTRAR'S SIGNATURE	
				DATE <i>JUN 3 1958</i>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

5103

Rev. 10-1-50

DATE OF DEATH		PLACE OF DEATH	
JAN 10 1951		BALTIMORE, MARYLAND	
TIME OF DEATH		CAUSE OF DEATH	
10:00 AM		HEART DISEASE	
AGE		SEX	
65		MALE	
RACE		RELIGION	
WHITE		METHODIST	
EDUCATION		OCCUPATION	
HIGH SCHOOL		RETIRED	
MARRIED		SINGLE	
YES		NO	
DATE OF MARRIAGE		PLACE OF BIRTH	
JAN 10 1951		BALTIMORE, MARYLAND	
DATE OF DEATH		PLACE OF DEATH	
JAN 10 1951		BALTIMORE, MARYLAND	
TIME OF DEATH		CAUSE OF DEATH	
10:00 AM		HEART DISEASE	
AGE		SEX	
65		MALE	
RACE		RELIGION	
WHITE		METHODIST	
EDUCATION		OCCUPATION	
HIGH SCHOOL		RETIRED	
MARRIED		SINGLE	
YES		NO	
DATE OF MARRIAGE		PLACE OF BIRTH	
JAN 10 1951		BALTIMORE, MARYLAND	



THIS CERTIFICATE IS TO BE FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS, BALTIMORE, MARYLAND, AND A COPY OF IT IS TO BE FURNISHED TO THE COUNTY CLERK OF BALTIMORE COUNTY, MARYLAND, AND TO THE CLERK OF THE DISTRICT COURT OF BALTIMORE, MARYLAND.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
See Birth Certificate - fcy

CERTIFICATE OF DEATH

5493

05486

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Prince Frederick</u>		<u>12Hr.40 Min.</u>		TOWN <u>St. Leonards</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert Co., Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Leonard</u> (Middle) <u>Darrynell</u> (Last) <u>Harrod</u>				(Month) <u>5</u> (Day) <u>II</u> (Year) <u>1958</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>Negro</u>		<u>April 2 1958</u>	<u>5 Weeks</u>	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
					<u>Maryland</u>		<u>U.S.A</u>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>George Harrod</u>				<u>Sherba Steward</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>Mother Sherba Steward St. Leonard</u>			
18. MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
772.0 IMMEDIATE CAUSE (A) <u>Malnutrition</u>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> M.		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/11/58</u> , 19 <u>58</u> , to <u>5/10</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5/11/58</u> , 19 <u>58</u> , and that death occurred at <u>5/10</u> M, from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>		M.D. <u>[Signature]</u>		ADDRESS <u>Island Creek Rd 5/4/58</u>		DATE SIGNED <u>5/4/58</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
		<u>5-13-58</u>		<u>Brooks</u>		<u>Island Creek md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>MAY 16 58</u>		<u>[Signature]</u>		<u>P. E. Sewell</u>		<u>Prince Fred.</u>	

2064191XV V

CERTIFICATE OF DEATH

10

DATE OF DEATH

1. ORDER NUMBER (If any)

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05487

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Cabnet</u> 5494 MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Edelma</u> c. LENGTH OF STAY IN 1b <u>Life</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. STATE <u>MD</u> b. COUNTY <u>Cabnet</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Edelma</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) _____ d. STREET ADDRESS _____			
3. NAME OF DECEASED (Type or print) <u>William A</u> First <u>Hooper</u> Middle <u>Sr</u> Last 4. DATE OF DEATH Month <u>5</u> Day <u>25</u> Year <u>1938</u>				9. AGE (In years and birthday) <u>80</u> yrs. IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u> IF UNDER 24 HRS. Hours _____ Min. _____			
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>5/30/77</u> 10. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Waterman</u> 10b. KIND OF BUSINESS OR INDUSTRY <u>Optician</u>		11. BIRTHPLACE (State or foreign country) <u>MD</u> 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Elmer Hooper</u> 14. MOTHER'S MAIDEN NAME <u>Mary Buck</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>218-14-3088</u> 17. INFORMANT <u>Wm A Hooper Jr</u> Address _____			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular renal disease</u> 199.1 DUE TO _____ Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Age. Coronary embolism</u> DUE TO <u>Cancer of stomach</u> (c) _____ INTERVAL BETWEEN ONSET AND DEATH <u>3-5 min</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Walk into a power room, sat in chair and</u> 20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <u>Stood in 3 min</u> 20c. TIME OF INJURY Month, Day, Year _____ Hour _____ a. m. _____ p. m. _____ 19 _____ 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) _____ 20f. (City or town) (County) (State) _____							
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/>, Inspection <input checked="" type="checkbox"/>, Inquiry <input type="checkbox"/>, and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>							
ACTUAL SIGNATURE <u>H. W. Ward</u> M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> EXAMINER'S NAME (Type) <u>H. W. WARD</u> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> 23. FUNERAL DIRECTOR'S SIGNATURE <u>A. A. Frankless & Son - Mutual, Inc</u> ADDRESS _____		22b. DATE THEREOF <u>May 28, 1958</u> 22c. NAME OF CEMETERY OR CREMATORY <u>Central Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Cabnet County, Md</u>			
24a. REC'D BY REGISTRAR <u>DATE MAY 28 '58</u>		24b. REGISTRAR'S SIGNATURE <u>W. A. Smith</u>					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose the certificate, with the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

NEW YORK STATE DEPARTMENT OF HEALTH - BUREAU OF
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
JAMES J. JONES		45		M		W		JAN 15 1910		NEW YORK	
RESIDENCE		OCCUPATION		EDUCATION		MARRIAGE		CAUSE OF DEATH		MANNER OF DEATH	
1234 5th Ave		Clerk		High School		Married		Heart Disease		Natural	
FATHER'S NAME		MOTHER'S NAME		BIRTH DATE		BIRTH PLACE		PREVIOUS ILLNESS		TREATMENT	
John J. Jones		Mary J. Jones		Jan 1 1865		New York		None		None	
DATE OF INTERVIEW		BY		SIGNATURE		TITLE		OFFICE		COUNTY	
JAN 16 1910		J. J. Jones		[Signature]		Medical Examiner		New York		New York	

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-15-2009 BY 60322 UCBAW/STP

1

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

5495

05488

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Cabaret</u>		MARYLAND		STATE <u>Ind</u>		COUNTY <u>Cabaret</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Prince Frederick</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Huntingtown</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cabaret County Hospital</u>				STREET ADDRESS <u>(If rural give location)</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Edward</u> (Middle) <u>P.</u> (Last) <u>Miller</u>				(Month) <u>May</u> (Day) <u>14</u> (Year) <u>1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH <u>Feb. 2, 1878</u>	9. AGE last birthday <u>80</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Thomas J. Miller</u>				14. MOTHER'S MAIDEN NAME <u>Alpha Ray</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>217-36-7372</u>		17. INFORMANT & ADDRESS <u>Mrs. Jessie Miller Huntingtown, Ind.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
442x IMMEDIATE CAUSE (A) <u>Hypertensive C.V.R. disease</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/10</u> , 19 <u>45</u> , to <u>14 May</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>4 May</u> , 19 <u>58</u> , and that death occurred at <u>M</u> , from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>		M.D. <u>Huntingtown Ind.</u>		ADDRESS (Street, city, town, or county) <u>517/55</u>		DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>May 17, 1958</u>	NAME OF CEMETERY OR CREMATORY <u>Miranda Cemetery</u>		LOCATION (City, town, or county) <u>Cabaret Co., Ind.</u>		(State)	
24. REC'D BY REGISTRAR DATE <u>MAY 20 '58</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. G. Yackness & Son - Mutual, Ind.</u>		ADDRESS			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: All of this certificate has been signed by the attending physician and completely filled in by the funeral director. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5496

CERTIFICATE OF DEATH

Reg. Dist. No. 05489

1. PLACE OF DEATH a. COUNTY <u>Cabret</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Md</u> b. COUNTY <u>Cabret</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Barstow</u>				c. LENGTH OF STAY IN 1b <u>Life</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles A. Moore</u>				4. DATE OF DEATH Month Day Year <u>May 27, 1958</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Apr. 28, 1882</u>	
9. AGE (In years lost birthday) <u>76</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Employee</u>		11. BIRTHPLACE (State or foreign country) <u>Cabret Co., Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Frank Moore</u>				14. MOTHER'S MAIDEN NAME <u>Annie Fowler</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>220-34-4841</u>		17. INFORMANT Address <u>Silbie E. Moore - Barstow, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>2 minutes</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 minutes</u>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>May 27</u> , 19 <u>58</u> , to <u>May 27</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>May 27</u> , 19 <u>58</u> , and that death occurred at <u>Barstow, Md.</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Page C. Jett</u>				ADDRESS (Street, city or town, state) <u>Barstow, Md.</u>			
PHYSICIAN'S NAME (Type) <u>PAGE C. JETT</u>				DATE SIGNED <u>June 2, 1958</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>May 30, 1958</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Cabret Co., Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>A. A. Harkless & Son - Mutual, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>JUN 2 '58</u>		24b. REGISTRAR'S SIGNATURE <u>W. J. Beach</u>	

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, using the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME
SM 2/57

Item 20 Film 230 6-10-58
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05490

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Calvert MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Va. b. COUNTY		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Huntingtown			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trevillian 83 X - 3		
c. LENGTH OF STAY IN 1b			d. STREET ADDRESS Trevillian Va.		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Calvert County Hospital			e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) MEREDITH EMMETT RAGLAND			4. DATE OF DEATH May 17, 1958		
5. SEX Male			6. COLOR OR RACE Colored		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH Oct. 10, 1896		
9. AGE (in years last birthday) 61 yrs.			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		
11. BIRTHPLACE (State or foreign country) Pondexter Va.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Nathaniel Ragland			14. MOTHER'S MAIDEN NAME Nannie James		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT J.F. Bell 108 6th St. Charlottesville Va.			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture Dislocation of 4th Cervical Vertebra 903.5 DUE TO Conditions, if any, which gave rise to immediate cause (b) (c), stating the underlying cause lost. DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fall to ground, hitting head on a tree		
20c. TIME OF INJURY Month, Day, Year Hour a. m. 5/17/58			20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) street			20f. (City or town) (County) (State) Huntingtown Calvert Maryland		
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE William V. Lovitt, Jr.			M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		
EXAMINER'S NAME (Type) William V. Lovitt, Jr., M.D.			ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		
			DEPUTY MEDICAL EXAMINER <input type="checkbox"/>		
22a. BURIAL, CREMATION, REMOVAL (Specify) Shipped			22b. DATE THEREOF May 20, 1958		
22c. NAME OF CEMETERY OR CREMATORY Springfield			22d. LOCATION (City, town, or county) (State) Springfield Va.		
23. FUNERAL DIRECTOR'S SIGNATURE Mrs. Katie R. Williams Schroeder			24a. REC'D BY REGISTRAR DATE MAY 20 '58		
			24b. REGISTRAR'S SIGNATURE W. L. Smith		

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

5498

05491

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>md</u>		COUNTY <u>Calvert</u>	
CITY OR TOWN <u>Prince Frederick</u>		LENGTH OF STAY (in this place) <u>Newborn</u>		CITY OR TOWN <u>Huntingtown</u>		(If outside corporate limits, write RURAL and give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
<u>Girl</u> (First) <u>Robinson</u> (Last)				<u>May 25</u> (Month) <u>1958</u> (Day) (Year)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>May 25, 1958</u>	9. AGE last birthday yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
					Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME <u>Robert Robinson</u>				14. MOTHER'S MAIDEN NAME <u>Betty Dalrymple</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Betty Robinson - Huntingtown, md.</u>	
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
759.9 IMMEDIATE CAUSE (A) <u>MALFORMATION with</u>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) <u>Hydramnios</u>							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21i. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/25, 1958</u> , to <u>5/25, 1958</u> , that I last saw the deceased alive on <u>5/25, 1958</u> , and that death occurred at <u>11:05</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Robert Robinson</u>				ADDRESS (Street, city, town, state) <u>St Leonard</u>			
DATE <u>5/25/58</u>				DATE SIGNED <u>5/25/58</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Private</u>		DATE THEREOF <u>May 25, 1958</u>		NAME OF CEMETERY OR CREMATORY <u>Private</u>		LOCATION (City, town, or county) (State) <u>Huntingtown, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Robert Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>MAY 28 '58</u>							

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5499

CERTIFICATE OF DEATH

Item 9 FilmG229 6-5-58 et

05492

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Calvert</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Calvert</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Prince Frederick</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Olivet</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert County Hospital</u>				STREET ADDRESS (If rural give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>Leroy</u> (First) (Middle) (Last) <u>SUTTON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 20</u> 19 <u>58</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 19, 1904</u>	9. AGE last birthday <u>54</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Cole</u>				14. MOTHER'S MAIDEN NAME <u>Lucinda Sutton</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>579-14-5973</u>		17. INFORMANT & ADDRESS <u>Lucinda Sutton, Olivet, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
422.1 IMMEDIATE CAUSE (A) <u>Cerebral Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5/12/58</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis C.P. disease</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/13</u> , 19 <u>58</u> , to <u>5/20</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5/20</u> , 19 <u>58</u> , and that death occurred at <u>10:30</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Page West</u>		M. D.		ADDRESS (Street, city, town, state) <u>Prince Frederick 5720</u>		DATE SIGNED <u>5/20/58</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF <u>4-25-58</u>		NAME OF CEMETERY OR CREMATORY <u>Eastern Chapel</u>		LOCATION (City, town, or county) (State) <u>Cal, Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P.T. Sewell</u>		ADDRESS <u>Pr. Fred, Md</u>	
DATE <u>MAY 29 '58</u>							

CERTIFICATE OF DEATH

Reg. Dist. No.

1. Name of Deceased

2. Sex

3. Race

4. Age

5. Date of Birth

6. Date of Death

7. Time of Death

8. Place of Death

9. Cause of Death

10. Manner of Death

11. Signature of Physician

12. Signature of Registrar

13. Name of Hospital

14. Address of Hospital

15. City

16. State

17. Country

18. Date of Report

19. Signature of Reporter

20. Title of Reporter

21. Address of Reporter

22. City

23. State

24. Country

25. Name of Informant

26. Address of Informant

27. City

28. State

29. Country

30. Date of Report

31. Signature of Informant

32. Title of Informant

33. Address of Informant

34. City

35. State

36. Country

37. Name of Informant

38. Address of Informant

39. City

40. State

41. Country

42. Date of Report

43. Signature of Informant

44. Title of Informant

45. Address of Informant

46. City

47. State

48. Country

49. Name of Informant

50. Address of Informant

51. City

52. State

53. Country

54. Date of Report

55. Signature of Informant

56. Title of Informant

57. Address of Informant

58. City

59. State

60. Country

61. Name of Informant

62. Address of Informant

63. City

64. State

65. Country

66. Date of Report

67. Signature of Informant

68. Title of Informant

69. Address of Informant

70. City

71. State

72. Country

73. Name of Informant

74. Address of Informant

75. City

76. State

77. Country

78. Date of Report

79. Signature of Informant

80. Title of Informant

81. Address of Informant

82. City

83. State

84. Country

85. Name of Informant

86. Address of Informant

87. City

88. State

89. Country

90. Date of Report

91. Signature of Informant

92. Title of Informant

93. Address of Informant

94. City

95. State

96. Country

97. Name of Informant

98. Address of Informant

99. City

100. State

101. Country

102. Date of Report

103. Signature of Informant

104. Title of Informant

105. Address of Informant

106. City

107. State

108. Country

109. Name of Informant

110. Address of Informant

111. City

112. State

113. Country

114. Date of Report

115. Signature of Informant

116. Title of Informant

117. Address of Informant

118. City

119. State

120. Country

121. Name of Informant

122. Address of Informant

123. City

124. State

125. Country

126. Date of Report

127. Signature of Informant

128. Title of Informant

129. Address of Informant

130. City

131. State

132. Country

133. Name of Informant

134. Address of Informant

135. City

136. State

137. Country

138. Date of Report

139. Signature of Informant

140. Title of Informant

141. Address of Informant

142. City

143. State

144. Country

145. Name of Informant

146. Address of Informant

147. City

148. State

149. Country

150. Date of Report

151. Signature of Informant

152. Title of Informant

153. Address of Informant

154. City

155. State

156. Country

157. Name of Informant

158. Address of Informant

159. City

160. State

161. Country

162. Date of Report

163. Signature of Informant

164. Title of Informant

165. Address of Informant

166. City

167. State

168. Country

169. Name of Informant

170. Address of Informant

171. City

172. State

173. Country

174. Date of Report

175. Signature of Informant

176. Title of Informant

177. Address of Informant

178. City

179. State

180. Country

181. Name of Informant

182. Address of Informant

183. City

184. State

185. Country

186. Date of Report

187. Signature of Informant

188. Title of Informant

189. Address of Informant

190. City

191. State

192. Country

193. Name of Informant

194. Address of Informant

195. City

196. State

197. Country

198. Date of Report

199. Signature of Informant

200. Title of Informant

201. Address of Informant

202. City

203. State

204. Country

205. Name of Informant

206. Address of Informant

207. City

208. State

209. Country

210. Date of Report

211. Signature of Informant

212. Title of Informant

213. Address of Informant

214. City

215. State

216. Country

217. Name of Informant

218. Address of Informant

219. City

220. State

221. Country

222. Date of Report

223. Signature of Informant

224. Title of Informant

225. Address of Informant

226. City

227. State

228. Country

229. Name of Informant

230. Address of Informant

231. City

232. State

233. Country

234. Date of Report

235. Signature of Informant

236. Title of Informant

237. Address of Informant

238. City

239. State

240. Country

241. Name of Informant

242. Address of Informant

243. City

244. State

245. Country

246. Date of Report

247. Signature of Informant

248. Title of Informant

249. Address of Informant

250. City

251. State

252. Country

253. Name of Informant

254. Address of Informant

255. City

256. State

257. Country

258. Date of Report

259. Signature of Informant

260. Title of Informant

261. Address of Informant

262. City

263. State

264. Country

265. Name of Informant

266. Address of Informant

267. City

268. State

269. Country

270. Date of Report

271. Signature of Informant

272. Title of Informant

273. Address of Informant

274. City

275. State

276. Country

277. Name of Informant

278. Address of Informant

279. City

280. State

281. Country

282. Date of Report

283. Signature of Informant

284. Title of Informant

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5560 CERTIFICATE OF DEATH

Reg. Dist. No. 05493

1. PLACE OF DEATH COUNTY <u>Calvert</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Prince Frederick</u> LENGTH OF STAY (in this place) <u>11 days</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Calvert Co. Hospital</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>St. Marys</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Benedict</u> <u>08X-2</u> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>hovie</u> (First) <u>Washington</u> (Last)		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>26</u> (Year) <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>1905</u>
9. AGE last birthday <u>53</u> yrs.		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	
11. BIRTHPLACE (State or foreign country) <u>Va.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Robert Washington Hubert Benedict</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT & ADDRESS <u>Le Roy Washington, Benedict</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	
570.5 IMMEDIATE CAUSE (A) <u>TOXEMIA - UREMIA</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO			
(C) <u>Possible intentional obstruction (?)</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) M. <input type="checkbox"/> P. <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/16</u> , 19 <u>58</u> , to <u>5/26</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5/26</u> , 19 <u>58</u> , and that death occurred at <u>1:20</u> M., from the causes and on the date stated above.			
SIGNATURE <u>Rowell</u>		DATE SIGNED <u>5/26/58</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>5/29/58</u>	
NAME OF CEMETERY OR CREMATORY <u>St Marys</u>		LOCATION (City, town, or county) (State) <u>Bryantown Md.</u>	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE <u>Obelisk</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>The Hunt Funeral Home, Waldorf, Md.</u>	
DATE JUN 2 '58			

THE UNIVERSITY OF CHICAGO

THE UNIVERSITY OF CHICAGO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5501 CERTIFICATE OF DEATH

05494

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Calvert</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Calvert</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL (If not in hospital, give street address) <u>Calvert Co. Hospital</u>		d. STREET ADDRESS <u>Dunkirk, Md</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>PEGGY LEE WATKINS</u>		4. DATE OF DEATH Month Day Year <u>MAY 17 1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 21, 57</u>
9. AGE (In years last birthday) <u>7 months</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>George Watkins</u>		14. MOTHER'S MAIDEN NAME <u>MATTIE RANDALL</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>FATHER</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia</u> DUE TO <u>Robert pneumonia</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>3 days</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>NONE</u>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>May 8, 1958</u> to <u>May 17, 1958</u> , that I last saw the deceased alive on <u>May 11, 1958</u> , and that death occurred at <u>M</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>Robert G. de Villargreal</u> M.D.		ADDRESS (Street, city or town, state) DATE SIGNED <u>St. Howard</u> <u>5/12/58</u>	
PHYSICIAN'S NAME (Type) <u>ROBERT G. DE VILLARGREAL</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>5-13, 58</u>		22b. DATE THEREOF <u>Coopers</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>Winkie, Md</u>		22d. LOCATION (City, town, or county) (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>P. E. Sewell</u> ADDRESS <u>Prince Fred, Md</u>		24a. REC'D BY REGISTRAR <u>DATE MAY 16 '58</u>	
24b. REGISTRAR'S SIGNATURE <u>DeVillargreal</u>			

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